

217764
217767

CCharter
(7914)
Taxi
(7915)

2007-424-T

2007-410-T

CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina
Docketing Department
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896-5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

COPY

Posted: 400

Dept: S.A. /ORS

Date: 7/10/09

Time: 4:25

DATE: 7/09/09

I have the following Certificate:

☒ Class C Taxi # 7915

☒ Class C Charter # 7914

☐ Class C Charter Bus # 2009

☐ Class C Non-Emergency # _____

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JUL 10 2009
PSC SC
DOCKETING DEPT.

Please consider this as my request for the following amendment(s) to my Certificate:

☒ Name Change (Complete the additional document included with this form for a name change ONLY if you are removing an individual's name from the certificated name. Otherwise throw the form away.)

From: JAMES C ROBERTSON DBA BROADWAY + SURFSIDE TAXI DBA: _____
(Current Name) (Current DBA if applicable)

TO: JAMES C ROBERTSON DBA: DREAM RIDERS TRANSPORTATION
(New Name) (New DBA if applicable)

☐ Scope of Authority

From: _____ To: _____
(Current Scope) (New Scope)

☐ Passenger Limit

From: _____ To: _____
(Current Limit Number) (New Limit Number)

JAMES C ROBERTSON DBA BROADWAY + SURFSIDE TAXI
(Name & DBA if applicable) (Street and/or Mailing Address)

1906 UNAT 2 Hwy 17 SURFSIDE BEACH SC 29575
(City, State, Zip Code) (Signature)

843 458-3764 OWNER
(Telephone Number) (Title)

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

*change name on
certificate*

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: James C. Robertson

Telephone: (843) 458-3764

Address: 1906 Unit 2 Hwy 17

Fax: _____

Burgside Beach,

Other: _____

SC 29575

Email: _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input checked="" type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

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JUL 10 2009

PSC SC
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.